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Bib Data Sheet

CONFIRMATION NO. 4548

SERIAL NUMBER 09/846,652	FILING DATE 05/01/2001 RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO.
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APPLICANTS

Vincent B. Moneymaker, Manhattan Beach, CA;

Anthony Gaw, Henderson, NV;

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SEP 21 2004

GROUP 3600

** CONTINUING DATA *****

This appln claims benefit of 60/201,337 05/02/2000 *

(*)Data provided by applicant is not consistent with PTO records. *MJ*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MJ</i>	CA	9	20	2
Verified and Acknowledged	Examiner's Signature <i>MJ</i>	Initials			

ADDRESS

VINCENT B. MONEYMAKER
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 SUITE 1020
 LOS ANGELES , CA
 90071

TITLE

Comprehensive third-party transactional processing and payment in an online environment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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1.18 Fees (Issue)

Other _____

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CONFIRMATION NO. 4548

Bib Data Sheet

SERIAL NUMBER 09/846,652	FILING DATE 05/01/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO.
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APPLICANTS

Vincent B. Moneymaker, Manhattan Beach, CA;
 Anthony Gaw, Henderson, NV;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/201,337 05/02/2000 *
 (*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	9	20	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Comprehensive third-party transactional processing and payment in an online environment

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit